

CY 2003 Municipal Recycling Data Sheet

Return to:
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Department of Environmental Protection (DEP)
Bureau of Waste Prevention—8th Floor
One Winter Street Boston, MA 02108

For Calendar year ending December 31, 2003

**Return one (1) signed original copy
and please keep a copy for your records.**

DEP has pre-printed - using this typeface - each community's municipal contact information in Section 1, and the name(s) of its contracted solid waste and recycling hauler and household information in Section 3. Please correct any inaccuracies.

Section 1 – Municipal Contact Information

According to the most recent records received by DEP, the information printed below regarding your municipal contact and program is accurate. *Please correct any information where necessary.*

Recycling Program

Contact: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Population Estimate:
(2000 US Census) _____




Primary Solid Waste
Collection Method: _____

E-Mail address: _____

Primary Recycling
Collection Method: _____

Section 2 – Tons of Residential Municipal Solid Waste Disposed

- Indicate where your municipality, or its contractor, disposes of its **residential** municipal solid waste (MSW), your contract end date (if applicable), and the tonnage of residential MSW disposed of at each facility.
- If your residential MSW goes to a transfer station, enter the name of the final disposal location (if you have a long-term contract with a landfill or combustion facility) as well as the tonnage disposed.
- DEP defines “residential MSW” as all trash generated from single family and multi-family homes, condominiums, and apartment buildings of all sizes, whether municipally or privately served.**

| Disposal Site(*) | | Contract End Date (if any) | Tons Disposed |
|--|--|----------------------------|-------------------------|
| Landfill tons disposed | | | TONS |
| Combustion tons disposed | | | TONS |
| Bulky Waste Disposal | IF your municipality collects bulky waste for disposal that IS NOT included in the landfill or combustion tonnage number reported above, enter that number in the column at right:  | | Enter bulky waste tons: |
| Commercial Disposal | IF your municipality collects MSW from commercial sources, (i.e. non-residential) that is INCLUDED in the landfill or combustion tonnage number reported above, enter that number in the column at right:   | | Enter commercial tons: |
| TOTAL DISPOSAL = (landfill + combustion + bulky) - MINUS (commercial) | | | TOTAL TONS |

- * Only enter the name of a disposal facility if your municipality has a long-term contract with that facility.
- * Do not include the names of facilities that you deal with on the spot market.

Section 3 - Residential Solid Waste and Recycling Services

DEP records show that the TOTAL number of households in your municipality is:

Enter information below for **every service provided to residents** by your municipality OR by private haulers in your community. See Data Sheet Instructions - Section 3 for a definition of municipal vs. private subscription hauler service.

Break-out the MSW disposal tonnage reported in Section 2 (entered on the previous page) into each group below where applicable and record the number of households in town that are currently being **served** by that method. For examples on completing this section, please refer to the instructions. Please note that if the tonnage from private haulers is unknown, DEP will estimate that tonnage based on the number of households subscribing to private haulers and the tonnage that is known and reported in other categories.

| Type of Service | | Municipality Operates (municipal employees collect at curb) | Municipality Contracts With Hauler for Curbside Collection | Residents Use Drop-off Center | Residents Subscribe w/ Private Hauler | |
|---|----------------------|---|---|----------------------------------|--|--|
| DISPOSAL | Households Served | | | | | |
| | Tonnage Collected | | | | | |
| RECYCLING | Households Served | | | | | |
| COMPOST | Households Served | | | | | |
| If applicable, please enter the name of your contracted <u>waste</u> hauler: | | | | | Contract End Date: | |
| If applicable, please enter the name of your contracted <u>recycling</u> hauler: | | | | | Contract End Date: | |

Section 4 - Costs of Residential Solid Waste Services

If you pay a per ton **disposal** tip fee, please indicate that amount here. \$_____ per ton
Please do not report other MSW costs associated with disposal, such as collection fees, hauling and transportation costs.
Check here if you do **NOT** pay a per ton disposal tip fee: ☐

If you pay a per ton **recycling** tip fee, please indicate that amount here. \$_____ per ton
Please do not report other costs associated with recycling, such as collection fees, hauling and transportation costs. If you pay multiple material specific tip fees, please report the **average** fee paid.
Check here if you do **NOT** pay a per ton recycling tip fee: ☐

How does your municipality charge its *citizens* for its solid waste program costs? Please check all that apply.

Included in tax base? ☐ Separate flat fee? ☐ Amount charged: \$_____ per year. PAYT ☐

If our records indicate that you are a Pay As You Throw (PAYT) community, an additional page has been added to the end of the survey so that we may be sure our database information is current. If you are a PAYT community and no survey has been included, please call Amy Roth at (617) 292-5634 and one will be faxed to you. If your community does not have PAYT, but you are interested in learning more about it, please indicate the name and phone number of the person whom we should contact:

Section 5 – Municipal Waste Diversion Program Results

Please provide the amount of each material the municipality diverted through recycling, composting, and hazardous household product collection programs. **Use the units provided for each material.** If necessary, use the enclosed table of conversions to enter all numbers in the units indicated. In column marked “% Comm” estimate what percentage of reported tonnage was from *commercial* sources in 2003.

PLEASE NOTE THAT IF YOU REPORTED TONNAGE IN 2002, THAT TONNAGE HAS BEEN PRE-PRINTED FOR REFERENCE.

| General Recyclables: | | | | |
|--|-----------|-----------|--|--|
| Material | 2003 Tons | 2002 Tons | % Comm | Comments |
| Newspaper | | | | Estimate what percentage was from <i>Commercial</i> sources, if possible. |
| Cardboard | | | | Estimate what percentage was from <i>Commercial</i> sources, if possible. |
| Mixed Paper | | | | If separate amounts not known, include ONP, OCC, magazines, office paper, junk mail, etc. |
| Commingled Containers | | | | If containers collected together and separate material tonnage amounts not known. |
| Steel/Tin cans | | | | Steel containers and tin cans. Scrap steel should be reported below in scrap metal. |
| Aluminum | | | | Collected for recycling only, note redemption tonnage separately below. |
| Glass (all colors) | | | | Collected for recycling only, note redemption tonnage separately below. |
| ALL Plastics | | | | Collected for recycling only, not redemption tonnage separately below. |
| Scrap Metal/White Goods | | | | Includes appliances and other residential scrap metal, estimate % from commercial sources |
| Textiles/Used Clothing | | | | Please indicate who collects: _____ |
| Swap Shop | | | | Estimated tonnage of materials exchanged for reuse in designated swap shop. |
| Other Residential Material | | | | Please describe: _____. Note: If no description provided, material will not be counted towards recycling rate. |
| Containers (redemption) | | | | Collected for redemption by municipality or charity group at a municipal recycling center. Do not include tonnage from redemption centers. |
| Compostables/Organics: | | | | |
| Leaves/Yard Waste | | | Enter Leaves/Yard Waste in TONS only. Conversion factors available in instructions. Residential Material Only. | |
| Christmas Trees | | | <input type="checkbox"/> Number <input type="checkbox"/> Tons | Enter as number of trees or tons of trees. Please specify which you are reporting. |
| Our records indicate that the TOTAL number of compost bins EVER distributed by your city or town as of December 31, 2002 is | | | | How many have you distributed since 12/31/02? _____ |
| Does your community educate residents about and enforce a policy, bylaw, or ordinance excluding the collection of leaves and yard waste from the solid waste disposal program? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Does your community have a combination of weekly drop-off and/or curbside collection for leaves and yard waste available to residents from March through November? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| Residential Hazardous Household Products (HHP) | | | |
|--|---|--|---|
| Part A: Reporting in Part A and Part B are mutually exclusive. Please report the number of comprehensive events your municipality sponsored or participated in in 2003. To avoid double counting, please do not report tonnage collected in one day events below in Part B. | | | |
| Total number of comprehensive HHP events in 2003: _____ Were these events reciprocal or regional events? _____ | Approximate total number of full cars served at comprehensive HHP events in 2003: _____ Approximate total number of ½ cars served at comprehensive HHP events in 2003: _____ | | |
| Part B: If your municipality has ongoing material specific collections in addition to the events reported above in Part A, please report that tonnage collected below. | | | |
| PLEASE NOTE: Providing the amount(s) for these materials is OPTIONAL. If a city or town does not have these figures to report they will not be included in the calculation of the municipal recycling rate. Report the number of days you collected these items, or days open to residents. Please make note of the units requested. | | | |
| MATERIAL | AMOUNT | UNITS | # OF COLLECTION DAYS in 2003 |
| Auto batteries | | Number | |
| Auto tires | | <input type="checkbox"/> Number <input type="checkbox"/> Tons | |
| Batteries – household | | 5-gallon pails | |
| CRT's/ Electronics | | Pounds | |
| Fluorescent lamps and bulbs | | Linear feet | |
| Propane tanks | | Number | |
| Anti-freeze | | 55-gallon drums | |
| Used oil filters | | 55-gallon drums | |
| Latex/oil based paint | | Cubic yard boxes | |
| Waste/used engine oil | | Gallons | |
| Mercury Containing Items | | 5-gallon pails | |
| Elemental Mercury | | Pounds | |
| What were the types of mercury devices collected? Thermostats <input type="checkbox"/> Thermometers <input type="checkbox"/> Flow meters <input type="checkbox"/> Mercury switches <input type="checkbox"/> Other <input type="checkbox"/> : _____ | | | Name of vendor(s) who removed mercury waste and mercury containing items (note if separate contractors): _____ |

Section 6 – Commercial Recycling & Disposal Services

- | | |
|--|---|
| 1. Does your municipality allow some or all businesses to use your drop-off center for trash ? | YES <input type="checkbox"/> NO <input type="checkbox"/> NA/No program <input type="checkbox"/> |
| 2. Does your municipality allow some or all businesses to use your drop-off center for recycling ? | YES <input type="checkbox"/> NO <input type="checkbox"/> NA/No program <input type="checkbox"/> |
| 3. Does your municipality allow some or all businesses to use your curbside trash collection? | YES <input type="checkbox"/> NO <input type="checkbox"/> NA/No program <input type="checkbox"/> |
| 4. Does your municipality allow some or all businesses to use your curbside recycling collection? | YES <input type="checkbox"/> NO <input type="checkbox"/> NA/No program <input type="checkbox"/> |
| 5. Does your municipality have a mandatory business recycling ordinance? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Section 7 - Signature of Municipal Official

It is important that this information is accurate. Please sign to indicate that you have reviewed this data and so that we may contact you with any questions.

Signature: _____

Date: _____

Print Name: _____

Title: _____

Telephone: _____

Massachusetts Municipal Recycling Programs Information Update

DEP is updating our online searchable “Massachusetts Municipal Recycling Programs Database” (located at www.db.state.ma.us/dep/asppage1.asp). This database enables municipal officials and others to search for municipal recycling programs in the state by specific characteristics. Filling in the information requested below will help DEP to complete this update. Please check below which materials your municipality collects. If you collect paper or containers in a mixed stream, please check the individual materials that comprise that mixed stream.

HHP Products

- ☐ Used Engine Oil
- ☐ Antifreeze
- ☐ Auto Batteries
- ☐ Latex/Oil Paint
- ☐ Electronics/CRT's

Organics

- ☐ Leaves and Yard Waste
- ☐ Christmas Trees
- ☐ Food/Kitchen Scraps

Paper

- ☐ Newspaper
- ☐ Magazines
- ☐ Junk Mail
- ☐ White Paper
- ☐ Cardboard
- ☐ Paperboard
- ☐ Phone Books
- ☐ Waxed Cartons
- ☐ Aspetic Cartons

Glass

- ☐ Clear Glass
- ☐ Brown Glass
- ☐ Green Glass
- ☐ Glass – All Colors

Plastic

- ☐ #1 - PET
- ☐ #2 - HDPE
- ☐ #3 - PVS
- ☐ #4 - LDPE
- ☐ #5 - PP
- ☐ #6 - PS
- ☐ #7 – Other

Metals

- ☐ Aluminum Cans
- ☐ Aluminum Foil
- ☐ Steel/Tin Cans
- ☐ Aerosol Cans
- ☐ White Goods (appliances)
- ☐ Scrap Metal

Miscellaneous

- ☐ C&D Debris
- ☐ Textiles
- ☐ Swap Shop